

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10/596998	FILING DATE			
								APPLICANT(S)				
CLAIMS												
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/					51					
2						52						
3						53						
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45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	/					TOTAL IND.						
TOTAL DEP.	32	←	←	←		TOTAL DEP.	←	←	←	←	←	
TOTAL CLAIMS	33					TOTAL CLAIMS						